Washington State Department of
Labor & Industries

Risk of Harm Update – ACHIEV meeting July 2014

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Risk of Harm - WAC 296-20-01100

- (1) It is the intent of the department, through authority granted by RCW 51.36.010 to protect workers from physical or psychiatric harm by identifying, and taking appropriate action, including removal of providers from the statewide network, when:
  - (a) There is **harm**; and
  - (b) There is a **pattern(s)** of **low quality care;** and
  - (c) The harm is related to the pattern(s) of low quality care.

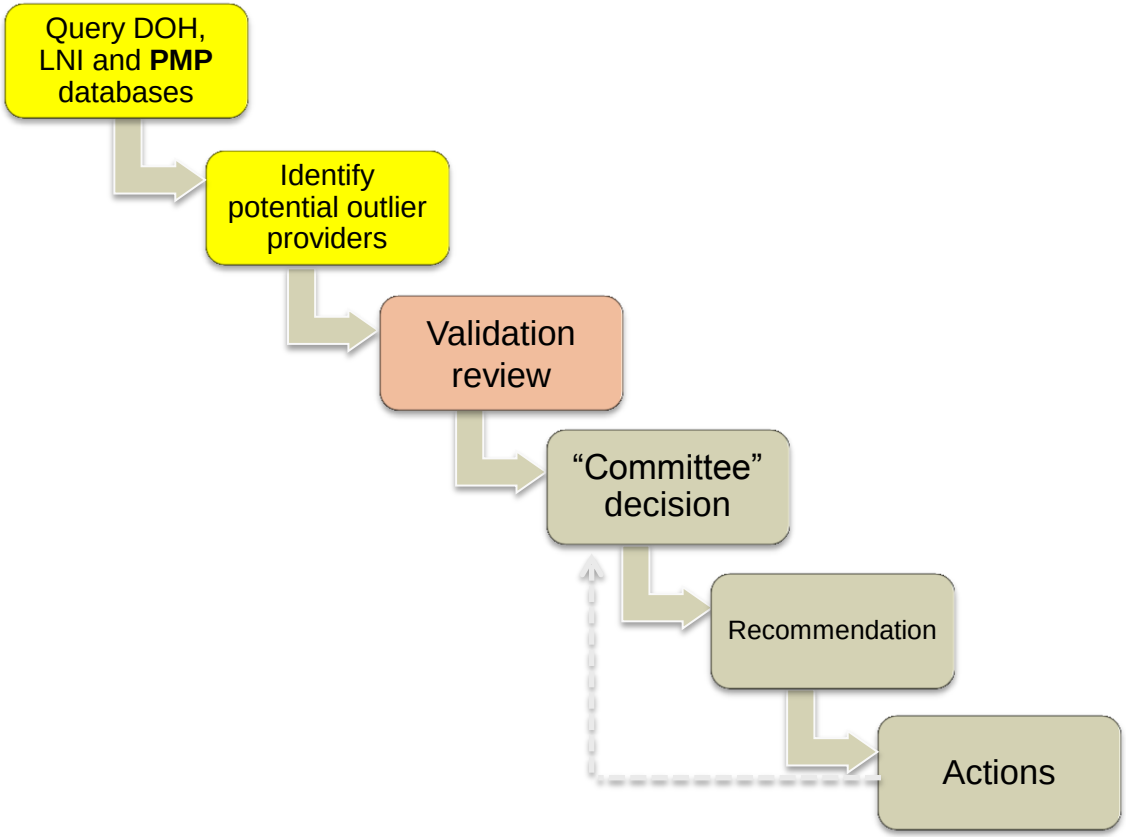
http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-01100

Example: Mortality and Morbidity

- Harm: opioid related death and morbidity (*e.g.* overdose)
- Low quality care: various*
  - Overuse of treatment intervention (*e.g.* high dose and long term prescription of opioids)
  - Poor prescribing patterns (*e.g.* opioids + sedatives)
- Pattern(s):
  - Two or more deaths
  - or one death + an overdose event;
  - or one death + very high doses in other patients (risk of harm)

*Some patterns of low quality care (very high doses of opioids) constitute risk of harm

Approach: A Data-driven Process



Progress

- Mortality and morbidity
  - Completed query on three DOH data sets on death (2012, 2009-2011 and 2003-2008) by joining to LNI and **PMP** databases, and identified a list of prescribers who were associated with the opioid related deaths
  - Completed query on LNI and PMP databases and identified a list of prescribers who were associated with the opioid overdose events
  - Validation review process is developed
- Repeat spinal surgery - part of the project is being conducted externally
  - An expert advisory committee is established (Chris Howe, MD; Mike Lee, MD; and Thomas Wickizer, PhD)
  - Researcher - Dr. Brook Martin of Dartmouth Univ.

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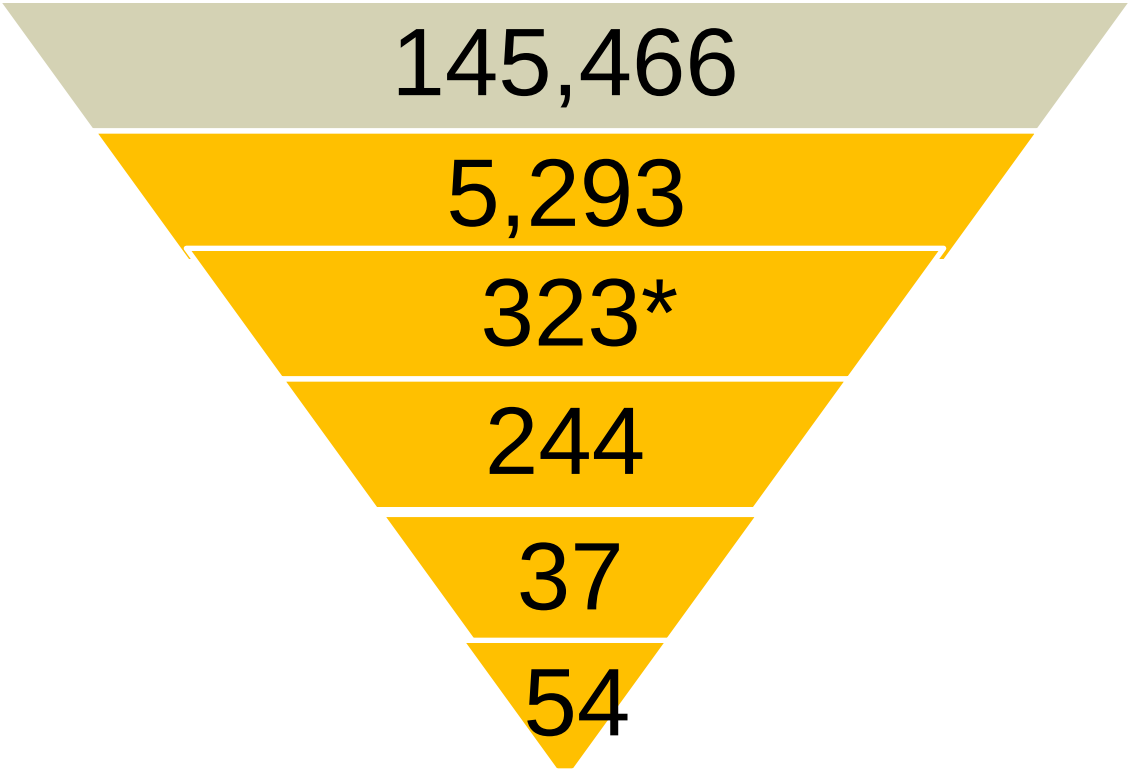
Outcomes: 2012 Mortality Data (Including PMP data)

WA State	• Started from DOH data - All causes mortality	50,151
L&I	• L&I mortality of all causes with an open claim within 1 yr before death	1,857
L&I	• Treatment related mortality identified using a list of ICD-10 codes and the DOH specified opiate-related deaths	100*
L&I	• Drug related mortality	70
L&I	• Opioids related mortality with Rx in last 3 months before death	22
L&I	• # of prescribers linked to the above mortalities	33

*Suicides were excluded

Outcomes: 2009-2011 Mortality Data

WA State	• Started from DOH data - All causes mortality
L&I	• L&I mortality of all causes with an open claim within 1 yr before death
L&I	• Treatment related mortality identified using a list of ICD-10 codes and the DOH specified opiate-related deaths
L&I	• Drug related mortality
L&I	• Opioids related mortality with Rx in last 3 months before death
L&I	• # of prescribers linked to the above mortalities



*Suicides were excluded

Validation Review

- Cause of death - Did IW die of the prescribed drug
  - Medical treatments received and chain of events
  - IW's behavior (e.g., substance use, compliance issues)
  - IW's health status prior to death
- Low quality care determination
  - Prescription patterns (dosage, frequency or combinations) in both the subject IW and other patients
  - Did the prescriber follow the guidelines/rules?

    e.g., How closely did the prescriber monitor patient health status and compliance?

Future Steps

- Conduct validation review on the mortality events and associated prescribers identified
- Establish a robust system for monitoring mortality on a yearly basis using DOH, LNI and **PMP** databases
- Establish a possible monitoring system for reporting opioid overdose events in the future